

Status Report on Results and Measures
Enhanced School Health Services Program
Massachusetts Tobacco Control Program

June 2003
2002-2003
School Year

1. A. Name of person completing report (please print): _____
- B. Position: _____ C. District: _____

Please answer all questions with information that is *current* as of the *month this report is dated*.

Section I: Annual Data

Special Health Care Needs

Special health care needs: Children who have, or are at risk for, a chronic physical, developmental, behavioral, or emotional condition. These children have conditions which:

- cause limitation in function, activity, or social role, or
 - cause dependency on medication, special diet, medical technology, assistive device or personal assistance, or
 - *require health and related services of a type or amount beyond those required by children generally.*
- (Definition from the federal Bureau of Maternal and Child Health)

Examples: Peanut allergies; insect allergies requiring medication, migraine headaches, severe vision impairment.

Do not count: Regular (non-migraine) headaches, students who wear eyeglasses.

2. Number of students in each *special health care needs* category below.

I. Physical/Developmental Conditions			
Allergies:		K Diabetes Type I	
A Bee Sting Allergies		L Diabetes Type II	
B Food Allergies		M Migraine Headaches	
C Latex Allergies		Neurologic conditions:	
D Arthritis		N Cerebral Palsy	
E Asthma		O Spina Bifida	
Blood Dyscrasias ¹		P Seizure Disorder	
F Hemophilia		Q Speech Defects	
G Sickle Cell Trait		R Other physical conditions	
H Other Blood Dyscrasias			
I Cancer			
J Cardiac conditions			
II. Behavioral/Emotional Conditions			
A ADHD/ADD ²		C Eating Disorders	
B Depression		D Other behavioral/emotional	
		conditions	

¹ Blood Dyscrasia: a condition in which one or more of the constituents of the blood are abnormal or are present in abnormal quantity, as in leukemia.

² Attention Deficit Hyperactivity Disorder /Attention Deficit Disorder

3. Total number of students with *special health care needs*: _____
 (Count students with multiple "special health care needs" only once.)
4. Number of students with 504 plans on file: _____
5. # of students with Standard Triplicate Form *Massachusetts Asthma Action Plans* on file: _____

6. Number of students with do-not-resuscitate (DNR) orders on file: _____

Student Demographics

7. Number of students who visited the health room at least once this school year: _____

8. Number of students in free/reduced-cost lunch program: _____

9. Number of students with the following types of health insurance (Please do not leave any data spaces *blank*.):

	Private	Public*	No Insurance	Unknown
# of Students:				

* *E.g., Mass Health, Children's Medical Security Plan.*

Health Screenings and Exams

10. Does your district *currently* have a waiver for vision and hearing screenings?

☐ Yes ☐ No

11. Number of student health screenings conducted during the *just-completed* school year.

TYPE OF SCREENING	Initial Screens	Re-Screens	Referrals	Completed Referrals
A. Hearing				
B. Height/Weight				
C. Nutrition*				
D. Pediculosis (Head Check)				
E. Postural				
F. Vision				

* *Other than height/weight screen (i.e., biochemical screen, assessment of eating patterns).*

12. Body Mass Index (BMI) Percentiles*

BMI group:	Number of Students In Each Group
A. $\geq 95^{\text{th}}$ percentile (overweight)	
B. $\geq 85^{\text{th}}$ percentile but $< 95^{\text{th}}$ percentile (at risk of overweight)	
C. $\geq 5^{\text{th}}$ percentile and $< 85^{\text{th}}$ percentile (within normal range)	
D. $< 5^{\text{th}}$ percentile (underweight)	

* BMI percentiles are based on age and sex, using standards established by CDC.

12E. Description of students included in BMI screenings? (grade levels, etc.) _____

13. Number of physical exams performed by school physicians during *just-completed* school year: _____

Interventions

14. Number of students receiving fluoride rinse during the *just-completed* school year: _____

15. Total number of individual students in your district who attended tobacco prevention or cessation programs during the *just-completed* school year. (Count participants only once.): _____

Student Health Surveys

16. Answer the questions in columns (2) – (6) below for each of the surveys listed in the left-hand column.
(Include all health surveys or needs assessments conducted with the student population.)

	1. Name of Survey	2. How often is this survey administered?	3. Subject Matter Included on Survey	4. <i>School Year</i> in Which This Survey Was Last Given to Students	5. Grade Levels Surveyed	6. Number of Students Surveyed <i>Current School Year Only</i>
		(check ✓ one)	(check ✓ all that apply)	("2001-2002," for example)		
A.	Youth Risk Behavior Survey (which version? <input type="checkbox"/> Standard (National or Mass. YRBS) <input type="checkbox"/> Locally modified Funding source: _____	<input type="checkbox"/> Never <input type="checkbox"/> Every 3 rd year <input type="checkbox"/> Every other year <input type="checkbox"/> Every year <input type="checkbox"/> Don't Know	<input type="checkbox"/> General Health <input type="checkbox"/> High-Risk Behavior <input type="checkbox"/> Nutritional <input type="checkbox"/> Special Health Needs <input type="checkbox"/> Tobacco Use	----- -- -----		
B.	American Alcohol and Drug Survey Funding source: _____	<input type="checkbox"/> Never <input type="checkbox"/> Every 3 rd year <input type="checkbox"/> Every other year <input type="checkbox"/> Every year <input type="checkbox"/> Don't Know	<input type="checkbox"/> General Health <input type="checkbox"/> High-Risk Behavior <input type="checkbox"/> Nutritional <input type="checkbox"/> Special Health Needs <input type="checkbox"/> Tobacco Use	----- -- -----		
C.	Other survey (explain: _____) Funding source: _____	<input type="checkbox"/> Never <input type="checkbox"/> Every 3 rd year <input type="checkbox"/> Every other year <input type="checkbox"/> Every year <input type="checkbox"/> Don't Know	<input type="checkbox"/> General Health <input type="checkbox"/> High-Risk Behavior <input type="checkbox"/> Nutritional <input type="checkbox"/> Special Health Needs <input type="checkbox"/> Tobacco Use	----- -- -----		
D.	Other survey (explain: _____) Funding source: _____	<input type="checkbox"/> Never <input type="checkbox"/> Every 3 rd year <input type="checkbox"/> Every other year <input type="checkbox"/> Every year <input type="checkbox"/> Don't Know	<input type="checkbox"/> General Health <input type="checkbox"/> High-Risk Behavior <input type="checkbox"/> Nutritional <input type="checkbox"/> Special Health Needs <input type="checkbox"/> Tobacco Use	----- -- -----		

17. Comments on survey administration procedures (for surveys (A) – (D) above):

A. _____

B. _____

C. _____

D. _____

Section II: Health Services Staff

1. Number of *currently filled* health services FTEs by “type of position” and “funding source.”

- Do not count individuals; count only FTEs. Include part-time positions as fractional FTEs (i.e., add “.5” for a half-time or “.25” for a quarter-time position) when calculating the FTE total.
- For positions funded by 2 or more sources, split the FTEs according to the proportion of funding supplied by each source (For example, if a School Nurse FTE is funded $\frac{3}{4}$ by the School Budget and $\frac{1}{4}$ by the Enhanced (ESHS) Contract, in the “School Nurse” row one would allocate “.75” to the “School Budget” column and “.25” to the “ESHS Contract” column.)
- For positions split between 2 or more roles, split the FTE correspondingly. For example, if the Nurse Leader is expected to serve as Nurse Leader $\frac{1}{4}$ of the time and as School Nurse $\frac{3}{4}$ of the time, allocate “.75” to “School Nurse” and “.25” to “Nurse Leader”. If there is a *full-time* Nurse Leader, there should be 1 FTE allocated to the “Nurse Leader” row, regardless of funding mechanism.
- Do not count health educators or volunteers; provide information on physicians on the following page.

Type of Position	Number of Currently Filled FTEs Funded By:			
	Board of Health	Contractual	ESHS Contract	School Budget
Registered Nurses				
A. Nurse Leader				
B. School Nurse (<u>RNs only</u>)				
C. Nurse Practitioner				
D. Permanent Substitute Nurse				
E. “Float” Nurse				
F. Psychiatric Nurse				
G. Special Education Nurse				
H. Other RNs: _____				
Nursing Support Staff (not RNs)				
I. Licensed Practical Nurse				
J. Health Aide				
K. Other: _____				
Specialists				
L. Adjustment or At-risk counselor				
M. Audiologist				
N. Clinical Psychologist				
O. Crisis Response Specialist				
P. Dental Assistant				
Q. Dental Hygienist				
R. Nutritionist				
S. Occupational Therapist				
T. Physical Therapist				
U. Speech / Language Therapist				
V. Technician				
W. Other: _____				
Administrative Support				
X. Admin. Assistant or Secretary				
Y. Data Entry Staff				
Other				
AA. Grant Manager / Facilitator				
BA. Director, Public Health Services				
CA. Other: _____				

2A. School physician hours:

Approximately how many *hours of service per year* do school physicians provide to your district? _____ Hours
(if the district does not have a school physician, write "0" hours)

2B. Who funds your school physician?

☐ Board of Health ☐ Contractual ☐ ESHS Contract ☐ School Budget

2C. School physician (MD) specialties (check *all* that apply):

☐ Adolescent health ☐ Orthopedics
☐ Anesthesiology ☐ Pediatrics
☐ General Practitioner ☐ Public Health ☐ None
☐ Internist ☐ Sports medicine ☐ Other (specify): _____

3A. School dentist hours:

Approximately how many *hours of service per year* do school dentists provide to your district? _____ Hours

3B. Who funds your school dentist? (skip this question if you don't have a school dentist)

☐ Board of Health ☐ Contractual ☐ ESHS Contract ☐ School Budget

4. Educational Level of RN School Nurses:

- Count *FTEs* (and fractional FTEs), not individuals, at each educational level.
- Include only school nurses *licensed as RNs* in this section (no LPNs, etc).
- Count the Nurse Leader separately in Column B; do not include the Nurse Leader in Column A
- For each school nurse, count only the *highest* educational credential obtained (i.e., count each nurse in only *one* category).
- In this section, consider educational degrees only, not professional credentials or certifications.

Educational Level Achieved	A. School Nurses (RNs)	B. Nurse Leader
	(number of FTEs in each category; count <i>highest</i> degree only)	(check ✓ only one, the <i>highest</i> degree obtained)
Diploma		
1 Diploma RN		
Associate Degree		
2 AD		
3 AA or other Associates degree		
Bachelor's Degree		
4 BSN		
5 BS, BA or other Bachelor's degree		
Advanced Degree		
6 MSN		
7 MPH		
8 MEd		
9 MS, MA, or other Master's degree		
10 Doctoral (DNS, EdD, PhD, etc.)		
Other		
11 (explain: _____)		

Comments on staffing issues: _____

Section III: Performance Measures

Tobacco

1. *Current* status of RFR performance measures (Please do not write comments *inside* the data boxes; add comments only in the *Comments* space provided below.).

RFR PERFORMANCE MEASURES	Check ONE box			Year Last Revised
	Not In Place	In Process	In Place	
A. District-wide tobacco-free school policy	1	2	3	
B. Enforcement procedures for tobacco-free school policy	1	2	3	
C. K-12 CHE** curriculum including tobacco prevention ed	1	2	3	
D. Target goals for reduction in student tobacco use	1	2	3	
E. Tobacco cessation program	1	2	3	
F. Evaluation plan for tobacco cessation program	1	2	3	
G. Parent education program	1	2	3	
H. Peer leadership program	1	2	3	
I. Student support program	1	2	3	
J. Teacher training program	1	2	3	
K. Participation in child/adol community health initiative	1	2	3	
L. Participation in local CHNA***	1	2	3	

* Write "N/A" if not applicable. ** Comprehensive health education. *** Community Health Network Area.

Linkages to Primary Care and Health Insurance Providers

2. *Current* status of RFR performance measures (Please do not write comments *inside* the data boxes)

RFR PERFORMANCE MEASURES	Check ONE box			Year Last Revised
	Not In Place	In Process	In Place	
A. Identification of student PCPs and insurance providers	1	2	3	
B. Referral of students without primary care to PCPs	1	2	3	
C. Referral of eligible students to CMSP** or Mass Health	1	2	3	
D. (C) Coordination w/regional PCPs & insurance providers	1	2	3	

* Write "N/A" for "Year" if not applicable.

** Children's Medical Security Plan

Items marked (C) are applicable only to districts in the ESHS with Consultation program (not those in the regular ESHS program).

Comments: _____

Health Services Program Infrastructure

3. Number of Health Advisory Committee meetings during *just-completed* school year: _____

4. *Current* status of RFR performance measures (Please do not write comments *inside* the data boxes; add comments only in the *Comments* section provided below.)

RFR PERFORMANCE MEASURES	Check ONE box			Year Last Revised
	Not In Place	In Process	In Place	
A. Annual health policy review process	1	2	3	
B. Building emergency plans (all)	1	2	3	
C. Building-level interdisc team mtgs on at-risk students	1	2	3	
D. District emergency plan	1	2	3	
E. Full-time nursing leader or supervisor (BSN)	1	2	3	
F. Health services staffing plan	1	2	3	
G. IHCPs for all students with special health care needs	1	2	3	
H. Job descriptions for all health services staff	1	2	3	
I. Marketing brochure on CHE** including health services	1	2	3	
J. Med admin plans for all studs on meds during school day	1	2	3	
K. Participation in state-wide meetings of nurse leaders	1	2	3	
L. Plan for monitoring attend/dismiss rates of IHCP students	1	2	3	
M. Plan for sharing student health information w/ community	1	2	3	
N. Plan for sharing "successful strategies" w/ other districts	1	2	3	
O. Plan for collaboration w/ school-based health centers*	1	2	3	
P. Plan for coordination betw CHE** and health serv prgms	1	2	3	
Q. Student support group besides tobacco	1	2	3	
R. Student support program with ongoing nurse participat'n	1	2	3	

* Write "N/A" if not applicable.

** Comprehensive health education

Comments: _____

MIS Development

5. Current status of RFR performance measure (Please do not write comments *inside* the data boxes)

RFR PERFORMANCE MEASURES	Check ONE box			Year Last Revised
	Not In Place	In Process	In Place	
A. Annual program data reports	1	2	3	
B. Computerized student health records	1	2	3	
C. Computerized student immunization records	1	2	3	
D. Data reports for school staff and agencies	1	2	3	
E. Integrat'n of student health data w/ admin info systems	1	2	3	
F. Ongoing data presentations to school committee	1	2	3	

* Write "N/A" for "Year" if not applicable.

Program Quality Improvement and Evaluation

6. Current status of RFR performance measures (Please do not write comments *inside* the data boxes)

RFR PERFORMANCE MEASURES	Check ONE box			Year Last Revised
	Not In Place	In Process	In Place	
A. Formula for calculating cost per student health encounter	1	2	3	
B. Plan for evaluating nurse-managed health care delivery	1	2	3	
C. Student health status improvement measure selected	1	2	3	

* Write "N/A" for "Year" if not applicable.

Oral Health

7. Current Status of the following RFR performance measures:

ORAL HEALTH PERFORMANCE MEASURES	Check ONE box			Year Last Revised
	Not In Place	In Process	In Place	
A. Review of vending machines, school activities, and food services with the goal of reducing sugar and starch intake	1	2	3	
B. Implementation of guidelines to ensure mouth-guard use in relevant contact sports	1	2	3	
C. School-based dental sealant program	1	2	3	

Comments (Optional)

8. Please provide additional comments about your data and/or current health services activities that we should know about (including *unexpected* successes and barriers to implementation):
